

**FEC FORM 9
24 HOUR NOTICE OF DISBURSEMENTS/OBLIGATIONS FOR
ELECTIONEERING COMMUNICATIONS****1. Individual, Organization or Qualified Nonprofit Corporation Making the Disbursement/Obligations**

(a) Name

FOCUS ON THE FAMILY ACTION

(b) Address (number and street)

☐ check if different than previously reported

8655 EXPLORER DRIVE

(c) City, State and ZIP Code

COLORADO SPRINGS

CO

80920

(d) Name of Employer or Principal Place of Business

(e) Occupation

2. FEC Identification Number**C** C30000673**3. Is This Statement**☒**New**

or

☐**Amended****4. Covering Period**M M / D D / Y Y Y Y
1 0 / 3 1 / 2 0 0 8

through

M M / D D / Y Y Y Y
1 1 / 0 3 / 2 0 0 8**5. (a) Date of Public Distribution(s)**M M / D D / Y Y Y Y
1 1 / 0 2 / 2 0 0 8**(b) Communication Title**TV Ad - Obama Born
Alive Ad**6. The filer is a(n):** (a) ☐ Individual (b) ☐ Unincorporated Organization (c) ☒ Qualified Nonprofit Corporation (11 CFR 114.10)(d) ☐ Corporation, Labor Organization or Qualified Nonprofit Corporation making communications under 11 CFR 114.15(e) ☐ Other, specify: _____**7. Were the disbursements for the electioneering communication made exclusively from donations to a segregated bank account?**Yes ☒No ☐**8. Custodian of Records**

(a) Name

Mrs. Sonja Kristine Swiatkiewicz

(b) Address (number and street)

8655 Explorer Drive

(c) City, State and ZIP Code

Colorado Springs

CO

80920

(d) Name of Employer or Principal Place of Business

Focus on the Family Action

(e) Occupation

Director, Issues Response

9. Total Donations This Statement

0.00

10. Total Disbursements/Obligations This Statement

108750.00

Under penalty of perjury, I certify that this statement is true, correct and complete.

TYPE OR PRINT NAME OF PERSON COMPLETING FORM

Mrs. Sonja Kristine Swiatkiewicz

SIGNATURE Electronically Filed by Mrs. Sonja Kristine Swiatkiewicz

DATE 11/03/2008

NOTE: Submission of false, erroneous or incomplete information may subject the person signing this statement to the penalties of 2 U.S.C. 437g.